

CHECKING SLIP—IMPORTANT

PERSONAL AUTOMOBILE INSURANCE PROCEDURE ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

PP 2022 Revision 001

NEW PAGES ENCLOSED 2-1–2-2, 3-1, 4-1–4-2, 6-1–6-3, EX-3–EX-4, EX-13–EX-14, (a)

Chapter 2 is amended to (1) delete the service provider pricing grid in its entirety. This eliminates the need to replace the grid each year when price information for the upcoming fiscal year is made available.

The service provider price guidelines for the current and upcoming fiscal years will be available by contacting AIPSO Financial Services. A new procedure for the announcement of the service provider fee for each state Plan has been introduced in the PAIP A&S Manual. Annually, at the end of July, the price guidelines will be re-evaluated and adjusted. The finalized price guidelines will be distributed no later than the end of the first week of September. Each state Plan will receive the price guidelines along with their PAIP assessment calculation. The Manager must follow the appropriate Plan authorization process to obtain approval of the service provider fee for the upcoming fiscal year and (2) to update the operating expenses for which the service provider will be reimbursed to be consistent with similar information shown in Exhibits L-1 and L-2.

Chapter 3 is revised to delete a requirement that the service provider withhold payment of producer commission if the producer has not provided their tax identification number. This requirement is addressed in the commission section of each state's Plan of Operation. The service provider may obtain the producer's TIN directly from the producer or from the Plan. In order to submit Plan applications, the producer must provide their TIN to the Plan when they apply for producer certification or register to submit applications electronically.

Chapter 4 is amended to revise the IRS Requirements to a limit on the dollar amount of payments that are subject to backup withholding requirements when a producer has failed to provide a TIN number as it is no longer appropriate. IRS Requirements is revised to delete a sentence pertaining to a limit on the dollar amount of payments that are subject to backup withholding requirements when a producer has failed to provide a TIN number as it is no longer appropriate.

Chapter 6 is amended to expand the list of data that the service provider must maintain for policy counts to include in-force policies, as well as new business, renewals, vehicles in-force, and claims open, closed with payment, and closed without payment.

Exhibit C-2 has been retitled Report of Policy Count/Report of Policies In-Force Count. The exhibit will provide data tracing the development of in-force data as of the prior month-end, the contribution to the in-force count during the current month, and the net in-force count as of the end of the current month.

Exhibit L-1 is amended to clarify the status of the claim and compliance items. Staff time spent in these areas will be included. On Exhibit L-2 in the Ongoing Staff Time Not Included field, the legal department's claim function has been deleted. In addition, on Exhibit L-2, the chart containing the ISO pricing tiers has been deleted in its entirety. This will eliminate the need to revise the manual every time the ISO fees change.

These Revisions are **effective July 1, 2021**.

ELECTRONIC MANUAL

The Personal Automobile Insurance Procedure Accounting and Statistical Requirements Manual is available in electronic format at

<https://www.aipso.com/Manuals>. Register at

<https://www.aipso.com/EmailAlerts.aspx> to receive email alerts when the manual is updated.

ABOUT THIS MANUAL

The latest effective dates of the Personal Automobile Insurance Procedure Accounting and Statistical Requirements Manual are listed on page (a) located at the end of the Manual.

**Distributed by
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PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

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Chapter 1
ADMINISTRATION AND RESPONSIBILITIES

This Accounting and Statistical Requirements Manual applies to all Automobile Insurance Plans that adopt and establish the Personal Automobile Insurance Procedure (PAIP). This Manual addresses the reporting requirements and responsibilities between the parties. PAIP is a pooling mechanism for the writing, servicing, and allocation of operating results as defined in each state's Plan of Operation. The Procedure is administered by each state Plan's governing body and a Plan Manager. For the purposes of this Manual and other manuals, the following definitions shall apply:

- ★“Automobile Insurance Plan “AIP” or the “Plan”, as it refers to personal auto policies, refers to Plan insureds whose personal auto policies are issued by a service provider in the name of the Plan as the insurer or issued by a service provider in the name of the fronting company on behalf of the Plan.❖
- “Central Processor” is a service provider appointed by a governing body to carry out the functional and clerical work required by the PAIP.
- “Certificate of Authority” or “Plan Authority Model” is a PAIP procedure in which the Plan is authorized to issue personal automobile insurance policies in its own name.
- “Fronting Company Model” is a PAIP procedure in which a service provider is appointed with a licensed insurer and policies are written in the name of the fronting company.
- “Governing body” refers to the Plan's governing committee, board of governors, or other entity responsible for state Plan operation.
- “Member company” means a Plan subscriber with a market share in some years who participates in PAIP.
- “Servicing carrier” means a licensed insurer appointed by the Plan governing body to issue and service private passenger auto policies through PAIP on behalf of the Plan.
- “Personal Automobile Insurance Procedure (PAIP)” is a pooling mechanism for the writing, servicing and allocation of operating results of Plan private passenger nonfleet automobile insurance.
- “Service provider” means an entity appointed by the Plan governing body to issue and service private passenger auto policies through PAIP on behalf of the Plan. Under the Certificate of Authority or Plan Authority Model, the service provider issues Plan policies in the name of the Plan. Under the Fronting Company Model, either a servicing carrier or service provider may be appointed. In the Fronting Company Model, a service provider must be an entity appointed with a licensed insurer in whose name the policies will be issued on behalf of the Plan.
- “Third Party Administrator (TPA)” means a service provider under contract with another service provider or the Plan to provide the handling of claims or other insurance related services as deemed appropriate. A TPA is not authorized or licensed as an insurance company and cannot operate as a servicing carrier.

All service providers must comply with all applicable insurance regulations and state statutes.

This chapter will provide the general responsibilities of the various groups involved in the operations.

A. Service Provider

- | | |
|---|---|
| <ol style="list-style-type: none">1. Provide industry standard services to AIP insureds and producers by following industry best practices.2. Bill and collect premiums when due.3. Disburse funds when due.4. Manage claim transactions including claim payments, recording reserves, collecting subrogation/salvage recoveries.5. Manage proper producer interaction and compensation in accordance with Plan standard.6. Code and prepare data processing input for necessary transactions.7. ★Maintain all necessary controls books, ledgers, and data sets required and follow provisions for controls and notifications set forth in Plan Manual, Services Agreement, and Operations Agreement. Data should be in sufficient detail to enable the Plan to | <ol style="list-style-type: none">8. evaluate the net results of operations for the policies written under the Plan's authority to write.❖8. Prepare needed accounting and data processing reports. Reports will include PAIP operation results and be in a format that allows the Plan to manage the business.9. Prepare and report accurate statistical data to their statistical agent.10. Institute a compliance program to comply with state insurance laws.11. ★Coordinate, monitor, and report all necessary information and data for Certificate of Authority, Plan Authority, or to the fronting company as required by contract arrangement, or as otherwise required for the Plan to make proper reports to its members.❖12. Contract with one or more third-party administrators to obtain services needed for policy processing, claim handling, or other related insurance services, subject to Plan prior approval. |
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13. Institute a compliance program in accordance with regulations promulgated by the Office of Foreign Assets Control (OFAC).
14. ★Provide to the Plan, Plan Manager and governing body any and all information and reports reasonably requested by the Plan, Plan Manager and/or governing body in order to conduct the business and affairs of the Plan.❖

B. Automobile Insurance Plan

1. Maintain and control licensed producer registration or, if applicable, producer certification with the Plan to submit applications to the Plan.
2. If applicable, forward completed application and deposit checks to service provider in accordance with Plan rules.
3. Perform annual review of results of operations to determine whether contingency reserve is adequate and, if necessary, assess to replenish and approve a contingency reserve.
4. ★Plan may sub-contract some or all services to another provider.❖

C. Participating Member Companies General Description of Responsibilities

1. All companies writing voluntary private passenger automobile insurance who are subscribers to the Plan are members of the PAIP.
2. If a PAIP minimum fee is applicable, all companies licensed and/or writing are subject to the fee. The fee and the PAIP results of operations will be apportioned to member companies through assessments.
3. ★Member companies will record the PAIP's apportioned results on their books in accordance with the state Plan Manual. Results will be recorded as either boards and bureau's expense or as assumed business.❖
4. Member companies must remit assessments to Central Processor when due.
5. Member company participation ratios will be determined in accordance with each state Plan of Operation.
6. ★If applicable in a given state, each member company will report to the Central Processor any credits or exception premium, as required by the state Plan of Operation.❖

D. Central Processor

★The Central Processor is appointed by the governing body to carry out the volume of functional and clerical

work required subject to budgetary or other governing body approval.❖

The functions include the following:

1. Data Processing
 - a. Receipt of service provider data reporting
 - b. Assessment/equity determination and reporting
 - c. Receipt, consolidation, and validation of statistical data
2. Accounting Functions
 - a. Verify report validity, both reports received from service provider and reports generated by the Central Processor.
 - b. All necessary disbursement and collection of funds.
 - c. Bill and collect assessments when due.
 - d. Prepare annual contingency fund for approval by the governing body.
 - e. Prepare consolidated reports for participating members.
 - f. Allocate participation experience and report shares to the participating members.
 - g. Maintain all necessary controls, books, ledgers, and data sets required.
 - h. Prepare needed accounting and data processing reports as required by state statutes.
 - i. Invest all available funds based on state approved investment guidelines.
 - j. File necessary NAIC forms to comply with NAIC reporting requirements.
3. Actuarial Assignments
 - a. Calculate anticipated salvage and subrogation in accordance with NAIC requirements.
 - b. Perform ratemaking activities annually in accordance with state statutes.
 - c. Calculate premium deficiency reserves in accordance with NAIC requirements.
 - d. Provide, at the Plan's fiscal year end, an actuarial opinion letter as required by state regulations.
 - e. By mutual agreement, perform additional actuarial services as authorized.

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Chapter 2
ACCOUNTING SERVICES

The service provider will ensure all accounting services are rendered in a professional and courteous manner, handled with the highest quality, and punctuality in administering the services needed to accomplish insurance transactions in compliance with state statutes.

All policies, renewal extensions, endorsement changes, billings and notices will be issued by the service provider and forwarded to the producer or directed to the insured, with simultaneous notice to the producer of record. All accounting records will be properly maintained by the service provider.

A. Premium Deposits

★The service provider shall timely deposit all premiums collected within two business days into the designated bank account. When applying the premium deposit to the policy, the funds should be applied to any applicable service charges or other fees first, with the remaining amount applied to the premium receivable. ❖

Each service provider will establish a procedure for effective billing and collection follow-up efforts for premium payments due from policyholders. Any collection fees incurred will be borne by the PAIP.

Payments received and deposited in the bank, not applied to a policy because the policy is not in effect or the policy has not been set up on the service provider's system, will be recorded as either advanced premium collected or unapplied cash in accordance with NAIC rules.

B. Cancellation Initiated by the Service Provider for Nonpayment of Premium

If an insured defaults in payment of premium, the policy will be cancelled for nonpayment. The service provider will comply with Plan rules and cancellation statutes as provided by law. The service provider must take every precaution to avoid providing insurance protection without collecting the appropriate premium. If, after processing the cancellation, there remains a premium receivable balance (indicating that earned premium has exceeded premium collections), the service provider will be responsible for following their established collection procedures in attempting to collect from the insured. Any uncollected earned premium balance that results in a write-off must be supported by collection follow-up effort documentation. When a balance write-off of uncollected premium is necessary, it will represent an expense charged to the participating members.

If collection procedures include fees payable to a collection agency, the fees will be an expense charged to the participating members.

C. Collection Procedures for Uncollected Earned Premium

The service provider shall implement a collection procedure which contains a minimum of the following requirements to protect the assets of the Plan.

1. Earned uncollected premiums of \$50 or less need not be referred to a collection agency, subject to Plan Manager approval. A notice to the insured and broker must be sent indicating the policy is cancelled and an amount due remains.

2. For earned uncollected premium greater than \$50, a notice to the insured and broker must be sent indicating the policy is canceled and an amount due remains. A second letter to the insured requesting immediate payment of the outstanding earned premium balance shall be mailed a maximum of 15 days after the cancellation effective date. The service provider shall provide a copy of the letter to the producer or provide the producer with notification of nonpayment by other correspondence.

D. Financial Responsibility Filing Fee

The service provider is responsible for processing any financial responsibility filings as required by state regulations. The policy should be surcharged and any applicable fee collected in accordance with Plan rules.

E. Service Provider Settlement—Exhibit L

1. Direct Reimbursements

❖The service provider will be reimbursed for all required operating expenses associated with policy administration, claims handling services, MVR fees, DMV reporting, CLUE fees, ISO fees, fronting company fees, producer license fees, postage and audit cost and any other fees directly related to either policy administration or claims handling that is incurred by the service provider and not previously stated as prescribed and allowed in accordance with the Plan and the Service Provider Agreement. These expenses will be billed with a 15-day payment request and are subject to Plan approval. ★

2. Service Provider Services

❖These expenses include but are not limited to underwriting, compliance, policy issuance, claims management, accounting, and data statistical services as prescribed by the Plan and Service Provider Agreement. Included in the fee are expenses for service provider systems and staff associated with the delivery of required PAIP services.

*Each year, the service provider price guidelines will be re-evaluated at the end of July. Based on cost analysis studies of time, enhanced efficiencies, and adjustments to fixed cost increases, new price guidelines will be finalized and distributed no later than the end of the first week of September. The price guidelines will be distributed to each PAIP state Plan manager at the same time the PAIP assessment calculation is completed. Each Plan manager will distribute appropriately. ★

- a. Prior to the initial year of operation, the service provider will provide a cost estimate based

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upon historical plan activity. This amount will be fixed for the fiscal year and billed monthly.

- b. In August of the first year of operation, the inception to date new business volume as of the end of July will be annualized and used for the prospective assessment in December for the subsequent year. This amount will be fixed for the fiscal year and billed monthly.
- c. In subsequent years, in August the fiscal year to date (January through July) new business and renewal application volume as of the end of July, will be annualized and used for the prospective assessment in December for the subsequent year. This amount will be fixed for the fiscal year and billed monthly.
- d. In the event that the actual new business and renewal processing volume between January and December exceeds the highest number or falls short of the lowest number, as the case may be, in the volume category established in July of the prior year by more than 5%, then, in such case, AIPSO will refund/charge the difference to the PAIP within the first two months of the subsequent year.

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Chapter 3
PRODUCER COMMISSION ACCOUNTS

The service provider will establish and maintain commission accounts for licensed producers. It is mandatory that care be exercised to maintain proper and complete records detailing each and every commission transaction for monthly commission statement accuracy. Service providers are responsible for complying with IRS reporting requirements.

The service provider is responsible for the printing and distribution of the producer's commission statements. Payment is to be monthly and will be made within 15 days after the close of the accounting month or within the timeframe mandated in the Plan Manual in which the commission is due. The commission payment will be supported by a statement detailing each transaction for a producer and will be net of returns or charge-offs incurred by the producer.

In some situations, the net amount represents a charge incurred against the producer because of returns or charge-offs exceeding current month commissions due the producer. The commission statement is considered a bill and the balance is payable to the service provider within 30 days after the date of the commission statement.

A. Producer Commission

Producer commission will be paid by the service provider to the producer in accordance with the state Plan.

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★

B. Suggested Statement Content

The producer's commission statement shall contain at least the following data elements:

1. Producer's name
2. Agency name
3. Mailing address
4. Policy number or other identification of the insured's policy involved
5. Net premiums written, includes endorsements, renewals, and defaults
6. Commissions paid/due
7. Column totals

8. Net payment (service provider's check enclosed) or charge (billing amount due the service provider) to the producer

From the commission statement, the producer/agency should always be able to determine that the proper credit/charge for each commission due transaction has been received. Retention by the producer/agency of these statements will provide the producer/agency with a complete record of all transactions that have affected the producer's commission without time-consuming additional record keeping being required.

C. Unearned/Return Commissions Collection Procedures

The service provider must monitor the commission accounts of producers for prompt payment of balances owed. For all producers with an unpaid outstanding balance over 60 days, the service provider will send a letter via mail/email to the producer advising that monies are owed and their payment must be received within 15 days from the date of the notification.

Notify the Plan Manager of the producer's/agency's failure to remit payment of the unearned commission.

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Chapter 4
BANK OPERATIONS

Bank accounts will be opened and maintained for handling the affairs of the Personal Automobile Insurance Procedure. The service provider will determine the necessary accounts to support these operations. All bank accounts opened will use the service providers' existing banking relations or, if necessary, if any new banking relations is needed for the servicing of this business, this new banking relations will be approved by the AIPSO Board.

A. Primary Bank Account

1. Deposit Content

All monies received by the service provider will be deposited in the bank account within two normal business days. This provides efficient service to the policyholders, reduces the possibility of returned checks, and provides for efficient cash flow management.

Service providers must pursue collection action for subrogation and salvage recovery and refund of recovered deductibles to the residual insured. All subrogation and salvage recovery collections (above recovered deductible amounts due the insured) will be netted by the collection expense.

2. Bank Service Charges

The service provider will set up the necessary bank accounts and decide on the types of bank services required to monitor and handle the Plan funds. If a Plan determines to use their own banking arrangements, all fees will be borne by the Plan and not the service provider.

3. Disbursement Content

The service provider will disburse producer commission, policyholder refunds, and funds received on ineligible policies from the primary checking account.

4. Positive Pay

The service provider must establish procedures to prevent misappropriation of funds by using a check clearing process referred to as positive pay. Positive pay is a process that requires the check issuer to periodically transmit to the bank data on payment instruments it has issued. The bank will not clear an item whose data does not match that provided by the issuer or an item not on the list sent by the issuer.

B. Claims Bank Account

In the establishment of a TPA arrangement for claims handling, a separate disbursement bank account will be opened. The TPA will issue checks for claim payments out of this account. This account will also use positive pay.

C. IRS Requirements

❖ The service provider is responsible for complying with IRS reporting requirements with respect to commissions paid to producers, including provision for backup withholding in the event that the payee has not provided the applicable Tax Identification Number. ★

1099 forms prepared by the service provider, for which the backup withholding procedure has been applied, are to show the aggregate total amount due on the gross basis and the amount withheld as the result of application of this procedure.

The service provider will be identified as the payer on all 1099 forms issued. Accordingly, the 1099 form should reflect the TIN of the service provider.

D. Daily Activity Bank Control

Bank controls should be established by the service provider for the purpose of recording daily activity in the accounts. This information will be provided to the Plan as requested.

E. Escheat Procedures

Escheat laws relate to the acquisition by the state of unclaimed or abandoned property. Policyholder refund checks, claim checks, commission checks, and unidentified checks fall into this category and may be claimed by the state after a specified period of years and appropriate state due diligence requirements. All policyholder refund checks, claim checks, and commissions checks outstanding for one year or longer from the issued date will be transferred to an Escheat Reserve Account. This list is either pending submission to the appropriate state or claimed by the payee. The service provider shall provide a copy of such list to the Plan, concurrent with the submission to the state.

The service provider is responsible for complying with the Unclaimed Property (Escheat) Statutes of all applicable states. Any penalties or interest resulting from a service provider's failure to comply with state statutes will be the responsibility of the service provider. Any penalty or interest incurred, the Plan will be immediately notified.

F. Operating Procedures

1. Investment of Funds

The bank balance of the primary bank account should be reviewed daily and all available funds in excess of current operating needs should be invested in accordance with PAIP investment guidelines.

2. Operating Advance

The Plan, at the discretion of the Governing Committee or Manager, may maintain operating advance funds for business requirements. The amount of the operating advance funds required will be proposed by the service provider, submitted for review by the Manager, and then submitted for review and approval by the Governing Committee.

3. Short Term Borrowing

Plan may arrange for funds to cover any contingencies. One option is the Central Processor's contingency fund and line of credit which may be utilized by residual market mechanisms at the discretion of the Plan. Any borrowing would require approval from either the governing body chairperson or Plan Manager with notification to the governing body. The interest rate will be calculated based on AIPSO's actual cost of funds for the number of days the funds were advanced to the Plan.

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In the event any borrowing from the Central Processor by a Plan, the Plan Manual allows the Plan to assess its members periodically during the year, if needed, based on the operating results and fund requirements.

CHAPTER 5
ACCOUNTING AND STATISTICAL DETAIL RECORDS

The service provider will have a chart of accounts, ledgers, and necessary support detail to clearly control the policy and claim services rendered. Detail records must be maintained for audits.

PART I. ACCOUNTING DETAIL RECORDS

A. Retention of Records

The retention and destruction of records by the service provider will follow its standard practices to satisfy state, federal, and NAIC examinations or audits. Copy of retention/destruction and any amendments should be provided to Manager for prior approval.

★All TPA arrangements made between the service provider and such TPA(s) shall stipulate the record retention requirements in accordance with each applicable state's record retention laws.❖

B. Written Premium Records

The service provider will have available, at the detailed premium transaction level, a record to support the written premium entries in the general ledger. Such record details will be inclusive of, but not limited to, the following:

1. New business
2. Renewals
3. Endorsements (return and additional premium)
4. Cancellations
5. Defaults

C. Loss Transaction Records

★The service provider shall provide access to the Plan Manager, at the detailed claim transaction level, a record to support the loss experience entries in the general ledger. Such record details will be inclusive of, but not limited to, the following:❖

1. Losses paid
2. Case-basis loss reserves (as of any month-end)
3. Allocated loss adjustment expenses paid
4. Allocated loss adjustment expense reserves (as of any month-end)
5. Salvage and subrogation income and, if any, the collection expense deducted from the recovery

D. Premiums in Course of Collection Records

★The service provider shall provide access to the Plan Manager, at the detailed accounting transaction level, a record to support the premium in course of collection. Such records will be inclusive of, but not limited to, the following:❖

1. Premium payment receipts
2. Premium disbursements (refunds)
3. Premium write-offs

E. Commission Payment Records

★The service provider will prepare monthly commission statements that are submitted to producers with remittance checks of the commission due or request for payment if a balance is due back to the service provider. These checks are to be supported by the multiple commission statements for any given month. Written summaries of such activities shall be provided to the Plan Manager.❖

PART II. STATISTICAL DATA SETS

The service provider must make provisions to their policy administration and claim systems to ensure policy and claim level detail transactions are properly coded for statistical reporting and all reporting requirements in this Manual.

Transaction level detail must be maintained by the service provider. The nature and manner of storing/handling the data sets is at the discretion of the service provider, with the provision that the prescribed end result reports can be accomplished as scheduled in this Manual and Services Agreement, Operations Agreement, and Plan Manual with accuracy. The premium/claim level detail comprising the data sets must have unique identification as being PAIP experience.

The service provider data sets include the following:

A. Premium Written Details

Premium written details will be used for summarizing premium written, premium earned, and premium unearned. This data set makes extensive use of policy year for reporting purposes.

B. Commission Due Details

Commission due details will be used for summarizing producers' commission statements.

C. Loss Transaction Details

Loss transaction details are used for summarizing general ledger claims paid, reserves, salvage recovery, subrogation recovery, and as a base for possibly applying the IBNR formula. This data set makes extensive use of the policy year, reported year and the accident year for reporting purposes.

D. Allocated Loss Adjustment Expense Details

Allocated LAE details are used for summarizing expenses and reserves in the general ledger. This data set makes extensive use of the policy year, report year, and the accident year for reporting purposes.

E. Statistical Agency Reports

A service provider and/or third-party administrator is required to maintain detailed information to produce Statistical Agency Reports.

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CHAPTER 6
REPORTING TO THE CENTRAL PROCESSOR

PART I: ACCOUNTING LEDGERS AND REPORTS

A. Accounting Ledgers

Accounting records and their related chart of accounts will be separately established to handle and permit reporting of the residual book of business in the office of the service provider to control receipts, disbursements, receivables, etc. Detail records will be kept available to support all entries made into the accounting system.

A. Monthly Report Due Dates

The monthly service provider reports will be due at the Central Processor office by the first day of the second month following the close of each reporting month.

B. Service Provider Responsibility for Internal Control

The service provider is responsible for establishing and maintaining an appropriate level of internal control. Service providers shall utilize and apply to AIP transactions the accounting systems and internal controls utilized and applied to their regular operations. This will include the appropriate level of management review of all reports subject to provisions in the Services Agreement, Plan Manual, and Operations Agreement.

PART II: SERVICE PROVIDER DATA PROCESSING

A. Service Provider Responsibility

The service provider is responsible for developing and maintaining data that provides the basis for the following:

1. Premiums (written, earned, and unearned)
2. Commissions (written, paid, and outstanding)
3. Total claims (paid, case reserve, and IBNR)
4. Allocated loss adjustment expenses (paid, reserve)
5. ❖Policy counts (new business, renewals, in-force), vehicles in-force, claims open, closed with payment, claims closed without payment★

All data should be identified by line of business, to be consistent with the identification of data as reported to the service provider to the independent statistical agency, by

1. liability separated by
 - a. bodily injury;
 - b. personal injury protection;
 - c. medical payments;
 - d. uninsured motorists;
 - e. property damage.
2. physical damage separated by
 - a. collision;
 - b. other than collision.

All data should be broken down by policy year (for premium and losses) and accident year (for losses only).

B. Service Provider Data Submission

The service provider will have the responsibility of submitting statistical reports, as described in this Part, to the Central Processor at least quarterly. These individual reports provide the Central Processor with the detail data necessary to develop Statistical Reports for participating companies.

The number of policy years reported should be in accordance with NAIC reporting requirements.

C. Monthly Reports

1. Premiums/Commission Written/Premiums Unearned—Exhibit A

The premiums/commission written and premiums unearned amounts are separated by the following:

- a. Policy Year
- b. Line of Business
 - Liability
 - Physical Damage
- c. Class
 - Private Passenger
- d. Coverage

- Bodily Injury
- Personal Injury Protection
- Medical Payments
- Uninsured Motorists
- Property Damage
- Collision
- Other than Collision

2. Losses Paid/Loss Reserves/IBNR Loss Reserves/ALAE Paid/ALAE Reserves—Exhibit B

The amounts are separated by

- a. Policy Year and Accident Year
- b. Line of Business
 - Liability
 - Physical Damage
- c. Class
 - Private Passenger
- d. Coverage

- Bodily Injury
- Personal Injury Protection
- Medical Payments
- Uninsured Motorists
- Property Damage
- Collision
- Other than Collision

Losses/Allocated Loss Adjustment Expense (ALAE)

Losses paid should be reported net of salvage and subrogation recoveries.

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Service providers will receive direct reimbursement for allocated loss adjustment expenses (ALAE).

Incurred losses for any given accident year is defined as being the composite of losses paid, change in loss reserves (reported case basis), and IBNR loss reserves.

Reserves

Loss and IBNR reserves are to include losses only and should not include reserves for allocated loss adjustment expenses. These reserves should be reported gross of anticipated salvage and subrogation recoverables. (The Central Processor will calculate the anticipated salvage and subrogation recoverable amount quarterly.)

IBNR and allocated loss adjustment expense reserves can be calculated monthly or quarterly.

An IBNR is any case that is not statistically identified and individually reserved. It is to include lump sum reserves, by accident year, necessary to bring the total incurred losses to the best estimated final closed claim payment amount.

3. Report of Vehicle In-Force Count—Exhibit C-1

In-force vehicle counts are required for private passenger nonfleet.

The exhibit will trace the development of the in-force data, showing such data as of the prior month-end, the contribution to in-force count during the current month, and to net in-force count as of the end of the current month.

A vehicle count of one is to be assigned to each vehicle having both liability and physical damage coverage and to each vehicle having only liability or only physical damage coverage.

Current month contribution to in-force count involve a complete count of the month's new and renewal writings plus any add item endorsements minus the sum of cancellation, delete item endorsements, and expirations.

4. Report of Policy Count—Exhibit C-2

Policy counts are required for private passenger nonfleet.

This exhibit will show such total policies prior month-end, the new business, renewals and cancellation count during the current month and the total current total month-end policies.

5. ❖ Report of Policies In-Force Count – Exhibit C-2

In-force policy counts are required for private passenger nonfleet.

The exhibit will trace the development of the in-force data, showing such data as of the prior month-end, the contribution to in-force count during the current month, and to net in-force count as of the end of the current month.

Current month contribution to in-force count involves a complete count of the month's new and renewal writings minus the sum of cancellations and expirations. ★

D. Annual Reports

1. Annual Salvage and Subrogation Report—Exhibit D

The service provider must prepare an Annual Salvage and Subrogation report to provide liability and physical damage data in the Annual Statement, Schedule "P", if required. The data reported is for the fiscal year.

2. Annual Report of Salvage/Subrogation Recoveries—Exhibit J

The service provider must prepare and submit to the Central Processor an annual report, setting forth separately for each coverage, salvage/subrogation recoveries during the fiscal year. This information is used for the Annual Statement, if required.

3. Annual Claim Count Reports

These reports are due by the first day of the second month following the close of the fiscal year.

a. Number of Claims Reported—Exhibit F

The annual report of the number of claims reported shows claim counts separately by class, coverage, and accident year, in compliance with NAIC reporting requirements.

The method used in counting claims must also be reported.

b. Number of Claims Outstanding—Exhibit G

The annual report of the number of claims outstanding shows claim counts separately by class, coverage, and accident year, in compliance with NAIC reporting requirements.

The method used in counting claims must also be reported.

c. Number of Claims Closed with Loss Payment—Exhibit H

The annual report of the number of claims closed with loss payment shows claim counts separately by class, coverage, and accident year, in compliance with NAIC reporting requirements.

The method used in counting claims must also be reported.

d. Number of Claims Closed Without Loss Payment—Exhibit I

The annual report of the number of claims closed without loss payment shows claim counts separately by class, coverage, and accident year, in compliance with NAIC reporting requirements.

The method used in counting claims must also be reported.

4. Catastrophe Loss Reports—Exhibit E

The service provider must identify all losses (paid and outstanding) associated with catastrophic events by the catastrophe serial number assigned by Property Claim Services (PCS). These records will include the day, month, and year on which the

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loss occurred. If the estimate of losses within the United States reaches \$1 billion as the result of a single catastrophic event and the PAIP's total statewide physical damage premium for the latest calendar year exceeds \$1 million, the Central Processor will notify the service provider that reports of other than collision losses associated with this catastrophe serial number will be required.

Preliminary and final reports will be submitted according to this Schedule:

Catastrophe Date	Preliminary Losses As of	Report Due Date	Final Losses as of	Report Due Date
Jan, Feb, Mar XXX1	6/30/X1	8/1/X1	12/31/X2	2/1/X3
Apr, May, Jun XXX1	9/30/X1	11/1/X1	3/31/X3	5/1/X3
Jul, Aug, Sep XXX1	12/31/X1	2/1/X2	6/30/X3	8/1/X3
Oct, Nov, Dec XXX1	3/31/X1	5/1/X2	9/30/X3	11/1/X3

An example of the format for the preliminary and final reports of losses should be reported by (1) accident date within each policy year; (2) class; and (3) losses paid and losses outstanding. A sub-total should be provided for policy years with multiple dates as well as an overall total of losses paid and losses outstanding.

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Chapter 7
SERVICE PROVIDER REPORTING TO THE PLAN

★The service provider will provide to the Plan any and all information and reports required by the Plan, so that the Plan will have the information to evaluate the net results of operations for the policies written. This information and reports are preliminary and will be distributed at the earliest possible time once the service provider has compiled and reviewed the data. This information and reports are being released to the Plan prior to the Central Processor edit checks. ❖

A. Ad Hoc Reporting

Operational data will be maintained and provided to the Plan upon request as follows:

1. Policy Processing Activity
 - a. New business policies issued
 - b. New business rejected or returned
 - c. Turnaround time (days to issue a policy)
 - d. Number of endorsements, cancellations, and reinstatements, and other transactions processed
2. Loss Data
 - a. Daily: Claims open, claims closed with payment, claims closed without payment
 - b. Average net claim payment (ANCP) by policy by coverage
 - c. Average net claim severity (ANCS) by policy by claimant for all coverages written.
3. ★Complaints

The service provider will maintain a complaint log for both underwriting and claims complaints. The log will be made available to the Plan upon request. All complaints will be in compliance with each state's Service Provider Agreement. ❖

B. Month End Reporting

The following statutory compiled data will be maintained and provided to the Plan monthly

1. Policy Processing Activity
 - a. Premium written
 - b. Surcharge written and collected
 - c. Premium Earned
 - d. Premium Unearned
 - e. Advance Premium Written
 - f. Commission written
 - g. Premium/commission charge off
 - h. Premium Taxes
2. Loss Data
 - a. Losses paid (net of salvage and subrogation)
 - b. Loss reserves
 - c. Loss reserve development by policy
 - d. ALAE/defense & cost containment paid
 - e. ALAE/defense & cost containment reserves

Chapter 8
REPORTING TO THEIR INDEPENDENT STATISTICAL AGENCY

This chapter includes reporting requirements for rate making data that is necessary to meet state statutory requirements.

A. Statistical Data Reporting—Statistical Agent

Data necessary for rate making must be reported to a statistical agent in accordance with that agency's requirements.

★The Central Processor will receive from each statistical agent the statistical data in accordance with the Central Processor's statistical program, needed to establish rates.❖

B. Unique Company Code

Every reporting entity is assigned a company code by their statistical agent. The residual market data is reported under this number to their respective statistical agent. The number assigned by the statistical agent is also utilized by the Central Processor to identify the reporting of financial and other nonratemaking data to the Central Processor.

CHAPTER 9
REPORTS AND REPORTING REQUIREMENTS

The Central Processor will prepare and distribute various accounting, regulatory, and operational reports as directed. This Chapter will identify the reports.

A. Monthly Reports

1. Accounting/Financing Reports

Upon receipt and verification of the service provider monthly reports, the Central Processor will produce necessary trial balances, bank reconciliations, month-end closing reports, and any other reports requested by the Plan.

The reports will be made available to the Plan Manager and, if requested, to any other Plan authority no later than 45 days following the close of the month.

2. Year-to-Date Results

★The Central Processor will also distribute to the Plan monthly fiscal year to date results of the PAIP insurance operations. ❖

3. Fronting Company Reports

The service provider will complete and file all fronting company report requirements as instructed and agreed upon by the fronting company. The insurance company used as a fronting company for writing PAIP business is required to report this business in accordance with state statutes and regulations and must abide by all requirements of the NAIC.

The PAIP business is reported as direct on the fronting company's financials and ceded on Schedule F to the PAIP using the NAIC pooling number assigned to each state.

B. Quarterly Reports

1. Net Insurance Operations Results

The Central Processor will prepare quarterly the net insurance operating results and distribute in a manner approved by the Plan Manager, so that each participating member can view and monitor the results of the private passenger residual market business. These reports are due for release to the members no later than 45 days after the end of the fiscal quarter being reported. This manner of reporting will permit participating members to record business quarterly, if desired. In no case should recording be less frequently than annually. Refer to Exhibit K.

2. Statutory Quarterly Filing

★The Central Processor will consolidate the necessary data to prepare and file the quarterly statutory financial reports and, if necessary, file with the NAIC based on the NAIC reporting requirements. These reports will be completed in accordance with the state statutes and regulations and the Plan Manual. ❖

For states with a certificate of authority, any necessary NAIC filings will be completed in the manner the state has instructed the NAIC. If quarterly filings are not necessary, no quarterly filing will be completed by the Central Processor. The state statutes and/or approvals are needed to meet NAIC requirements for issuance of a NAIC company number.

In the fronting company model, the Central Processor will prepare and distribute the necessary reports based on the state's determination as stated in the Plan of Operation. The state statutes and/or approvals are needed to meet NAIC requirements for issuance of a NAIC pooling mechanism number.

3. Taxes/Assessments

a. Certificate/Plan of Authority

The Central Processor will prepare and remit the estimated quarterly premium tax payments to the appropriate state as needed. If requested, a copy will be sent to the Plan.

Any other surcharge, assessment, or tax requirements by state will be completed and filed in accordance with each state tax code requirements. If requested, a copy will be sent to the Plan.

b. Fronting Company Model

The Central Processor will remit the estimated premium tax payments to the fronting company in accordance with the agreement.

Any other surcharges, assessments, or taxes required by the state and fronting company will be reimbursed in accordance with the agreement.

C. Annual Reports

1. Member Participation Assessment True-Up Experience Report

★The Central Processor will prepare the final summary of distribution for participating members. This report will be based on the PAIP annual audited financial statements, audited by an independent external CPA firm. This report is due to the members no later than December 30 of the subsequent year. ❖

Each member company's participation ratio will be determined in accordance with the Plan Manual.

2. Audited Financial Statements

★The Central Processor will compile the necessary support and prepare the audited financial statements and footnotes in compliance with state statutory requirements or in accordance with other reporting requirements in this Manual and provide a copy of the audited financials to the governing body. ❖

3. Premium Taxes

The Central Processor will complete and file the premium tax forms by state and true up the estimated quarterly payments.

CHAPTER 10
RUN-OFF AND INSOLVENCY PROCEDURE

The following procedures will apply with respect to participating member companies who cease to be authorized to write automobile insurance in the state, discontinue writing automobile insurance in the state or which are declared to be insolvent:

A. Run-Off Procedure

1. Companies Which are No Longer Licensed

A company in run-off is responsible for fulfilling its assessment obligation based on the participation provisions of the Plan Manual.

2. Inactive Companies

An inactive member company is defined as one which has retained its authorization to write automobile insurance in the state which has had no voluntary writings in the latest calendar year for which the voluntary data is being used as the basis for participation ratios.

An inactive company is subject to the same procedures as run-off companies.

B. Insolvency Procedure

A participating member ceases to be a participating member upon the entry of an order of receivership, liquidation, or insolvency. An insolvent company will continue to share in the results of the PAIP until the close of the current fiscal year. Once the current fiscal year is closed, any funds owed to an insolvent company will be distributed. Any funds due from the insolvent company will be written off as a miscellaneous expense. If the Central Processor receives funds from the receiver, these funds will be recorded as miscellaneous income.

★At the time that a notice of an order of liquidation is received, proper forms for filing a claim shall be secured by the Central Processor. Filing of a claim shall then be made within the time frame established by the receiver. The claim should equal the sum of all outstanding assessment amounts.❖

The Central Processor should exclude an insolvent company's base data upon the start of the next fiscal year. This will prevent the insolvent company from receiving an annual assessment report after the close of the fiscal year in which it became insolvent.

C. Rehabilitation Procedures

After a notice of rehabilitation, supervision, or conservation is received, the Central Processor will

- waive standard follow-up procedures for unpaid balances due;
- distribute the Member's Participation Reports;
- contact the Plan Manager if funds are owed to the member company to determine if the invoice should be mailed and funds disbursed.

In the event the company is rehabilitated, the Central Processor will notify the Plan of any plans to settle any unpaid balances and resume established participation procedures.

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Chapter 11
MEMBER COMPANY PARTICIPATION REPORTS

If applicable in a given state, each member company will be required to report the PAIP operating results in accordance with this Chapter.

A. PAIP Plan Profit and Loss Experience

Quarterly, the Central Processor, under authority of the Governing Committee, will prepare fiscal quarter and fiscal year-to-date reports that will be distributed for participating members. The reports will furnish participating members with the total of the PAIP accounting data needed for the NAIC statutory statements and will also show net underwriting results plus or minus net miscellaneous income and expense and net operating results.

These reports will be available on AIPSO.com for each member to view by the below dates:



Period Ending	MP Report Available
Q/E Mar 20X0	Jun 20X0
Q/E Jun 20X0	Sep 20X0
Q/E Sep 20X0	Dec 20X0
Q/E Dec 20X0	Mar 20X1
Q/E Mar 20X1	Jun 20X1
Q/E Jun 20X1	Sep 20X1
20X0 TRUE UP	
Jan–Dec 20X0	Dec 20X1
Q/E Sep 20X1	Dec 20X1
20X1 TRUE UP	
Jan–Dec 20X1	Dec 20X2



The member participation fiscal year-end report (October 20X0–Sept 20X1) will contain all necessary data for premiums, losses, income, and expenses and will include Schedule “P” information that will be properly included in the respective company’s Annual Statement as reinsurance assumed.

All loss data will be held open on the books until all claims are settled or in accordance with accident year close-out procedure.

B. Participating Members’ Settlement of PAIP Operations

Each member company will receive a prospective assessment in December for the subsequent calendar year. The Central Processor will determine the projected cash needs of the PAIP based upon the latest results of the past year, future projected business trends, and a contingency fund that would cover possible swings in the potential operational results.

Each subsequent quarter, the member companies will record the PAIP results as assumed reinsurance, by accident year, in accordance with the NAIC. Company shares of PAIP experience (premium, loss, expense) shall be determined by applying the company’s participation ratio to the statewide experience. After the calendar year-end results are finalized (audited financials), an additional report will be prepared that trues up the final calendar year shares against fiscal-year experience.

C. Accident Year Closeout

Accident year data will be developed in accordance with NAIC reporting requirements.

1. Loss Reserves

All loss reserves, including IBNR, applicable to the affected accident year as of the December 31 valuation as of which the closeout procedure is implemented will be rolled over to the succeeding accident year.

2. To maintain the integrity of incurred losses applicable to each accident year, the following adjustments to paid losses will be made by the Central Processor:

- a. For the closed-out accident year, amounts equal to the loss reserves for each accident year, classification group, and coverage are to be added to the paid losses.
- b. For the succeeding accident year, amounts equal to the loss reserves for each classification group and coverage are to be subtracted from the paid losses for the earlier accident year.

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Exhibit A

PREMIUMS WRITTEN/COMMISSION WRITTEN/PREMIUM UNEARNED

Accounting Month: _____

Service Provider: _____

Company Number: _____

Policy Year 20XX 20XX 20XX 20XX 20XX 20XX 20XX 20XX 20XX 20XX 20XX Total

Private Passenger

Liability

Bodily Injury

Personal Injury Protection

Medical Payments

Uninsured Motorists

Property Damage

Physical Damage

Collision

Other Than Collision

Total

This report format is necessary to capture the coverage data by policy year for statutory reporting. The years indicate the NAIC open policy years.

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Exhibit B

**LOSSES PAID/LOSS RESERVES/IBNR LOSS RESERVES
ALLOCATED LOSS ADJUSTMENT EXPENSES PAID/ALLOCATED LOSS
ADJUSTMENT EXPENSE RESERVES**

Accounting Month: _____

Service Provider: _____

Company Number: _____

Policy Year 20XX		Policy Year 20XX		Policy Year 20XX		Policy Year 20XX		Policy Year 20XX		Total
Acc. Year	Acc. Year	Acc. Year	Acc. Year	Acc. Year	Acc. Year	Acc. Year	Acc. Year	Acc. Year	Acc. Year	
20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	

Private Passenger

Liability

- Bodily Injury
- Personal Injury Protection
- Medical Payments
- Uninsured Motorists
- Property Damage

Physical Damage

- Collision
- Other Than Collision

Total

This report format is necessary to capture the coverage data by policy/accident year for statutory reporting. The years indicate the NAIC open policy years.

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Exhibit C-1

REPORT OF VEHICLE IN-FORCE COUNT

Service Provider _____

Month _____
(Month and year)

Company Number _____

**Private
Passenger
Vehicles Count**

- A. Prior month-end net in-force count
- B. Current month contribution to in-force count
- C. Current month-end net in-force count

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Exhibit C-2

REPORT OF POLICY COUNT / REPORT OF POLICIES IN FORCE COUNT

Service Provider _____

Month _____
(Month and year)

Company Number _____

(1)
Private
Passenger
Policy Counts

- A. Prior month-end
- B. New business
- C. Renewals
- D. Cancellations
- E. Expirations
- F. Current month total policies

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Exhibit D

ANNUAL SALVAGE AND SUBROGATION REPORT

Service Provider: _____

Company Number: _____

Salvage and Subrogation Received in Fiscal Year Ending 12/31/XX

	Accident Year 20XX	Accident Year 20XX	Accident Year 20XX	Total
PRIVATE PASSENGER				
Liability				
Physical Damage				

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Exhibit E

AUTOMOBILE PHYSICAL DAMAGE OTHER THAN COLLISION INSURANCE LOSSES

Catastrophe: _____

Quarter Ending: _____

Service Provider: _____

Catastrophe Number: _____

Company Number: _____

Policy Year	Accident Date	Private Passenger Nonfleet	
		Paid	Outstanding
20XX	09/10/XX		
	09/12/XX		
Subtotal			
Policy Year	Accident Year	Paid	Outstanding
20XX	10/10/XX		
	10/12/XX		
Subtotal			
GRAND TOTAL:			

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Exhibit F

**NUMBER OF CLAIMS REPORTED
FISCAL YEAR ENDING 12/31/XX**

Service Provider: _____

Company Code: _____

Private Passenger

Accident Year

	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	Total
Liability										
Bodily Injury*										
PIP										
Property Damage										
Total Liability										
Physical Damage										
Collision										
O/T Collision										
Total Physical Damage										
TOTAL										

Please indicate reporting method:

Claimant Accident

Please complete the applicable sections.

*Bodily injury should include medical payments and uninsured motorist.

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Exhibit G

**NUMBER OF CLAIMS OUTSTANDING
FISCAL YEAR ENDING 12/31/XX**

Service Provider: _____

Company Code: _____

	Private Passenger										
	Accident Year										
	Prior	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	Total
Liability											
Prior											
Bodily Injury*											
PIP											
Property Damage											
Total Liability											
Physical Damage											
Collision											
O/T Collision											
Total Physical Damage											
TOTAL											

Please indicate reporting method:

Claimant Accident

Please complete the applicable sections.

*Bodily injury should include medical payments and uninsured motorist.

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Exhibit H
NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT
FISCAL YEAR ENDING 12/31/XX

Service Provider: _____

Company Code: _____

	Private Passenger										
	Accident Year										
	Prior	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	Total
Liability											
Bodily Injury*											
PIP											
Property Damage											
Total Liability											
Physical Damage											
Collision											
O/T Collision											
Total Physical Damage											
TOTAL											

Please indicate reporting method:

Claimant Accident

Please complete the applicable sections.

*Bodily injury should include medical payments and uninsured motorist.

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Exhibit I

**NUMBER OF CLAIMS CLOSED WITHOUT LOSS PAYMENT
FISCAL YEAR ENDING 12/31/XX**

Service Provider: _____

Company Code: _____

	Private Passenger										
	Accident Year										
	Prior	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	20XX	Total
Liability											
Bodily Injury*											
PIP											
Property Damage											
Total Liability											
Physical Damage											
Collision											
O/T Collision											
Total Physical Damage											
TOTAL											

Please indicate reporting method:

Claimant Accident

Please complete the applicable sections.

*Bodily injury should include medical payments and uninsured motorist.

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Exhibit J

**ANNUAL REPORT OF SALVAGE AND SUBROGATION RECOVERIES
FISCAL YEAR ENDING DECEMBER 31, 20XX_____**

Service Provider: _____

Company Number: _____

Coverage	Salvage and Subrogation Recoveries
BI	\$ _____
PIP	_____
MP	_____
UP	_____
PD	_____
Collision	_____
O/T Collision	_____
Total	\$ _____

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Exhibit K
INCOME STATEMENT
STATE PLAN

For the Months Ending _____

	<u>Quarter Ending Current</u>	<u>Quarter Ending Prior</u>	<u>Fiscal Year to Date Current</u>	<u>Fiscal Year to Date Prior</u>	<u>Fiscal Year to Date Change</u>	<u>%</u>
Underwriting Income						
Premiums Written						
Change in Unearned Premiums						
Premiums Earned						
Deductions						
Losses Paid						
Change in Loss Reserves						
Losses Incurred						
Commissions Paid						
Administrative Fee Expense						
Allocated LAE						
Unallocated LAE Allowance						
Premium Charge-Offs						
Commission Charge-Offs						
Total Underwriting Deductions						
Net Underwriting Gain (Loss)						
Assessment Income						
Investment Income						
Miscellaneous Income						
Other Expenses						
Salaries and Employee Relations and Welfare						
Travel and Travel Items						
Rent and Rent Items						
Office Equipment						
Printing and Stationery						
Postage and Telephone						
Legal						
Taxes, Licensing and Fees						
Bank Charges						
Miscellaneous						
Central Processor Fees						
Total Other Expenses						
Income Over (Under) Expenses Before Reapportionment						
Income Over (Under) Expenses After Reapportionment						

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Exhibit L-1
DETAILS OF PAIP EXPENSES

Out of Pocket Expenses—Consensus is to pass through actual amounts.	
Item	Basis for Expense
Claim Fees	Per feature fee
MVR Fees	Per MVR/fee varies by state
DMV Reporting, Clue Fees per State	Start-up-fee + monthly fee*
ISO Fees, Fronting Company Fees per State	Earned premium
Producer License Fees	Per state
Postage	Allocation
Any other underwriting or claims expenses incurred by the service provider, associated with the handling of policies/claims not listed above	

Item	Include?	Functions
Accounting	Yes	Cash management, deposit processing, record retention, journal entries, statutory filings, administrative, and reconciliations
AIO	Yes	Underwriting, policy processing, management, etc.
Data Services	Yes	Processing of data for ISO reporting, statutory reporting, and financial statements
Support Services	Yes	Printing, mailing, etc.
System Maintenance	Yes	System must be maintained for new plan rules, enhanced functionality, and technology upgrades
Claims	Yes	Review claims third party administrator in the handling and managing of claims processed
Compliance	Yes	Ensure compliance with state statutes and regulations

* See additional details on next page.

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Exhibit L-2

Ongoing Staff Time Not Included	
Department	Functions
Actuarial/QPS	Analysis of results
Policy Products and Plan Services	Manuals and forms used in PAIP processing
RMAS	Audits
Internal Audit	Audits
Field Ops	Management, Project Management, Proposal Delivery

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**Exhibit M-1
EXPERIENCE REPORT**

Experience by Active Policy Years Through Period Ending _____, All Coverages Combined

Policy Year	A Premium Written	B Premium Earned	C Losses Incurred Including IBNR	D Loss Adjustment Expenses Incurred	E Other U/W Expenses	F=B-C-D-E Net U/W Results	G Net Misc. Income & Expense	H=F-G Net Result of Operations	Ratios				
									I = C/B Incurred Losses	J = D/B LAE Incurred	K = E/A Other U/W Exp	L = I+J+K Net U/W Result	M=L+(G/A) Net Operating Result
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
Total													

Experience by Active Policy Years Through Period Ending _____, All Coverages Combined

20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
Total													

Change in Experience by Active Policy Years from the Period _____ Through Period Ending _____

20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
20XX													
Total													

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**Exhibit M-2
LOSS AND EXPENSE DETAIL**

Experience by Active Policy Years Through Period Ending _____, All Coverages Combined

Policy Year	Incurred Losses			Loss Adjustment Expense		Other Underwriting Expenses			Miscellaneous Income and Expense			
	Paid	Reserves	IBNR	ULAE	Incurred ALAE	Administration Costs	Taxes	Commissions	Investment Income	Charge-offs	Misc Expenses	Other Misc Income
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
Total												

Experience by Active Policy Years Through Period Ending _____, All Coverages Combined

20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
Total												

Change in Experience by Active Policy Years from the Period _____ through Period Ending _____

20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
20XX												
Total												

Please refer to the User's Guide for an explanation of the data included in each column.

PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

Exhibit N
PREMIUM CHARGE-OFFS

FISCAL QUARTER ENDING _____

Service Provider: _____

Company Number: _____ Date Prepared: _____

Policy Year	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	TOTAL
--------------------	-------------	-------------	-------------	-------------	-------------	-------------	--------------

All Coverages*

*Total must balance to the premium charge-off line of the Quarterly Summary Control.

PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

Exhibit O-1
MEMBER'S PARTICIPATION REPORT
State Name
Period Ending:

	COMPANY SHARE					STATEWIDE EXPERIENCE				
	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV
Premiums Written	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Unearned Premiums (Prior)	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Unearned Premiums (Current)	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
<i>Premiums Earned</i>	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Commissions Written	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Administrative Costs	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Unallocated LAE	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Taxes	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
<i>Net Other Underwriting Expenses</i>	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
<i>Losses Incurred Total</i>	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
<i>Allocated LAE Incurred Total</i>	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Premium Deficiency (Prior)	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Premium Deficiency (Current)	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
<i>Premium Deficiency</i>	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
<i>Net Underwriting Results</i>	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Miscellaneous Expenses	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Charge-offs	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Investment Income	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Other Miscellaneous Income	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
<i>Net Misc. Expense or Income</i>	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Net Result of Operation	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Anticipated Salvage Total	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX

PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

Exhibit O-2
MEMBER'S PARTICIPATION REPORT
FISCAL YEAR YTD 2019

	CURRENT					PRIOR				
	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV
LOSSES INCURRED TOTAL	XX	XX	XX	XX	XX					
Accident Year 2020	XX	XX	XX	XX	XX					
Accident Year 2021	XX	XX	XX	XX	XX					
Accident Year 2022	XX	XX	XX	XX	XX					
Accident Year 2023	XX	XX	XX	XX	XX					
Accident Year 2024	XX	XX	XX	XX	XX					
Accident Year 2025	XX	XX	XX	XX	XX					
Accident Year 2026	XX	XX	XX	XX	XX					
Accident Year 2027	XX	XX	XX	XX	XX					
Accident Year 2028	XX	XX	XX	XX	XX					
Accident Year 2029	XX	XX	XX	XX	XX					
Accident Year 2030	XX	XX	XX	XX	XX					
LOSSES PAID TOTAL	XX	XX	XX	XX	XX					
Accident Year 2020	XX	XX	XX	XX	XX					
Accident Year 2021	XX	XX	XX	XX	XX					
Accident Year 2022	XX	XX	XX	XX	XX					
Accident Year 2023	XX	XX	XX	XX	XX					
Accident Year 2024	XX	XX	XX	XX	XX					
Accident Year 2025	XX	XX	XX	XX	XX					
Accident Year 2026	XX	XX	XX	XX	XX					
Accident Year 2027	XX	XX	XX	XX	XX					
Accident Year 2028	XX	XX	XX	XX	XX					
Accident Year 2029	XX	XX	XX	XX	XX					
Accident Year 2030	XX	XX	XX	XX	XX					
LOSSES O/S TOTAL	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX

PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

Exhibit O-3
MEMBER'S PARTICIPATION REPORT
FISCAL YEAR YTD 2019

	CURRENT					PRIOR				
	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV
LOSSES O/S IBNR TOTAL	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
UNALLOCATED LAE TOTAL	XX	XX	XX	XX	XX					
Accident Year 2020	XX	XX	XX	XX	XX					
Accident Year 2021	XX	XX	XX	XX	XX					
Accident Year 2022	XX	XX	XX	XX	XX					
Accident Year 2023	XX	XX	XX	XX	XX					
Accident Year 2024	XX	XX	XX	XX	XX					
Accident Year 2025	XX	XX	XX	XX	XX					
Accident Year 2026	XX	XX	XX	XX	XX					
Accident Year 2027	XX	XX	XX	XX	XX					
Accident Year 2028	XX	XX	XX	XX	XX					
Accident Year 2029	XX	XX	XX	XX	XX					
Accident Year 2030	XX	XX	XX	XX	XX					
ALLOCATED LAE INCURRED TOTAL	XX	XX	XX	XX	XX					
Accident Year 2020	XX	XX	XX	XX	XX					
Accident Year 2021	XX	XX	XX	XX	XX					
Accident Year 2022	XX	XX	XX	XX	XX					
Accident Year 2023	XX	XX	XX	XX	XX					
Accident Year 2024	XX	XX	XX	XX	XX					
Accident Year 2025	XX	XX	XX	XX	XX					
Accident Year 2026	XX	XX	XX	XX	XX					
Accident Year 2027	XX	XX	XX	XX	XX					
Accident Year 2028	XX	XX	XX	XX	XX					
Accident Year 2029	XX	XX	XX	XX	XX					
Accident Year 2030	XX	XX	XX	XX	XX					

PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

Exhibit O-4
MEMBER'S PARTICIPATION REPORT
FISCAL YEAR YTD 2019

	CURRENT					PRIOR				
	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV
ALLOCATED LAE PAID TOTAL	XX	XX	XX	XX	XX					
Accident Year 2020	XX	XX	XX	XX	XX					
Accident Year 2021	XX	XX	XX	XX	XX					
Accident Year 2022	XX	XX	XX	XX	XX					
Accident Year 2023	XX	XX	XX	XX	XX					
Accident Year 2024	XX	XX	XX	XX	XX					
Accident Year 2025	XX	XX	XX	XX	XX					
Accident Year 2026	XX	XX	XX	XX	XX					
Accident Year 2027	XX	XX	XX	XX	XX					
Accident Year 2028	XX	XX	XX	XX	XX					
Accident Year 2029	XX	XX	XX	XX	XX					
Accident Year 2030	XX	XX	XX	XX	XX					
ALLOCATED LAE RESERVES TOTAL	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
ANTICIPATED SALVAGE CASE TOTAL	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX

PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

Exhibit O-5
MEMBER'S PARTICIPATION REPORT
FISCAL YEAR YTD 2019

	CURRENT					PRIOR				
	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV
ANTICIPATED SALVAGE IBNR TOTAL	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
SALVAGE RECOVERED TOTAL	XX	XX	XX	XX	XX					
Accident Year 2020	XX	XX	XX	XX	XX					
Accident Year 2021	XX	XX	XX	XX	XX					
Accident Year 2022	XX	XX	XX	XX	XX					
Accident Year 2023	XX	XX	XX	XX	XX					
Accident Year 2024	XX	XX	XX	XX	XX					
Accident Year 2025	XX	XX	XX	XX	XX					
Accident Year 2026	XX	XX	XX	XX	XX					
Accident Year 2027	XX	XX	XX	XX	XX					
Accident Year 2028	XX	XX	XX	XX	XX					
Accident Year 2029	XX	XX	XX	XX	XX					
Accident Year 2030	XX	XX	XX	XX	XX					

PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

Exhibit O-6
MEMBER'S PARTICIPATION REPORT
FISCAL YEAR YTD 2019

	CURRENT				
	LIABILITY excl. PIP	PIP	TOTAL LIABILITY	PHYSICAL DAMAGE	TOTAL ALL COV
CLAIMS REPORTED TOTAL	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX
CLAIMS OUTSTANDING TOTAL	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX
CLAIMS CLOSED WITH PAYMENT TOTAL	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX
CLAIMS CLOSED WITHOUT PAYMENT TOTAL	XX	XX	XX	XX	XX
Accident Year 2020	XX	XX	XX	XX	XX
Accident Year 2021	XX	XX	XX	XX	XX
Accident Year 2022	XX	XX	XX	XX	XX
Accident Year 2023	XX	XX	XX	XX	XX
Accident Year 2024	XX	XX	XX	XX	XX
Accident Year 2025	XX	XX	XX	XX	XX
Accident Year 2026	XX	XX	XX	XX	XX
Accident Year 2027	XX	XX	XX	XX	XX
Accident Year 2028	XX	XX	XX	XX	XX
Accident Year 2029	XX	XX	XX	XX	XX
Accident Year 2030	XX	XX	XX	XX	XX

PERSONAL AUTOMOBILE INSURANCE PROCEDURE
ACCOUNTING AND STATISTICAL REQUIREMENTS MANUAL

EFFECTIVE DATES

CHAPTERS

Chapter 1.	August 1, 2020
Chapter 2.	July 1, 2021
Chapter 3.	July 1, 2021
Chapter 4.	July 1, 2021
Chapter 5.	August 1, 2020
Chapter 6.	July 1, 2021
Chapter 7.	August 1, 2020
Chapter 8.	August 1, 2020
Chapter 9.	August 1, 2020
Chapter 10.	August 1, 2020
Chapter 11.	August 1, 2020

EXHIBITS

Exhibit A	March 1, 2020
Exhibit B	March 1, 2020
Exhibit C	July 1, 2021
Exhibit D	March 1, 2020
Exhibit E	March 1, 2020
Exhibit F	March 1, 2020
Exhibit G	March 1, 2020
Exhibit H	March 1, 2020
Exhibit I	March 1, 2020
Exhibit J	March 1, 2020
Exhibit K	March 1, 2020
Exhibit L	July 1, 2021
Exhibit M	March 1, 2020
Exhibit N	March 1, 2020
Exhibit O	March 1, 2020

